

Drugs Moving to Non-Covered Status

Effective for fill dates on or after Jan. 1, 2023, CarePartners of Connecticut will no longer cover the following drugs, including drugs with interchangeable generics or therapeutic alternatives:

Drug Name
ACTIQ
AFINITOR DISPERZ
AFINITOR
ALKERAN
ANUSOL-HC
APOKYN
ATRALIN
BANZEL
BROVANA
BYSTOLIC
CELLCEPT SUSPENSION
CHANTIX
CHANTIX STARTING PACK
CHANTIX CONTINUING PACK
COMBIGAN
CYSTADANE POWDER
DELESTROGEN OIL
DELESTROGEN
DEPO-PROVERA SUSPENSION
DEPO-TESTOSTERONE SOLUTION
DEPO-TESTOSTERONE
DESOXYN
DEXEDRINE
DEXILANT
DIBENZYLINE
DUREZOL
EPIVIR SOLUTION
EVOCLIN
FERRIPROX
GEODON SOLUTION
INTELENCE
INVANZ SOLUTION
KALETRA

KAPVAY
KENALOG SOLUTION
METHYLIN SOLUTION
MYCAMINE SOLUTION
NARCAN LIQUID
NITROSTAT
ORAPRED
PAXIL SUSPENSION
PENTAM SOLUTION
PERFOROMIST
PRUDOXIN
QUDEXY
RETIN-A CREAM
RETIN-A GEL
RETIN-A MICRO GEL
STROMEKTOL
SULFAMYLON
SUTENT
TARGRETIN
TIROSINT
VELCADE INJECTION
VIMPAT
ZIAGEN
ZORTRESS
ZYPREXA SOLUTION
PRADAXA
FULPHILA
TOVIAZ
REMICADE
INFLIXIMAB
DEXCOM G6 TRANSMITTER
DEXCOM G6 SENSOR
DEXCOM G6 RECEIVER